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PRINCIPLES AND PRACTICE OF PRIMARY AND SECONDARY PREVENTION IN DEMAND REDUCTION PROGRAMMES

World drug abuse situation

Report of the Secretariat

Summary

Data on drug abuse are derived from many different bases, which makes direct comparison difficult. Some Governments base the annual number of abusers on treatment figures; others base it on arrest data. Even the treatment data are collected in different ways. These difficulties, together with ways in which data may be collected to broadly assess the extent of drug abuse and its patterns and trends, are discussed in the present report. One main trend is that drug abuse is continuing to increase; even in the few instances where a decrease has been reported, there is usually a commensurate rise in the abuse of another drug used as a substitute because its price is lower or because the drug of choice is not available. Opiate abuse has continued to spread in Asia, is a problem in southern Africa and Europe and appears to be gaining ground in many different countries. Cocaine abuse continues to be a problem in countries in the Americas and in some European countries, but there are some reports of a decrease in the extent of cocaine abuse. The amphetamines seem, in some cases, to be replacing cocaine as drugs of abuse and are still the predominant drugs of abuse in northern Europe and parts of east Asia. There has also been a general rise in tranquillizer abuse. Cannabis is one drug that is abused virtually throughout the world. Patterns of abuse show that the practice of abusing drugs by injection has continued to spread, together with human immunodeficiency virus infection.

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INTRODUCTION

1. The present report is based on data contained in government reports on the functioning of the international drug control treaties; the reports were submitted to the Secretary-General for 1994.

I. PROBLEMS IN ESTIMATING THE EXTENT, PATTERNS AND TRENDS OF DRUG ABUSE

2. It is difficult to estimate the extent of any criminal activity that, by its very nature, is not a public activity. In trying to estimate a criminal activity in which there is no direct victim to report the crime, as is the case with drug abuse, the difficulties are multiplied. Different countries have adopted different approaches in attempting to solve this problem, each with its merits and its drawbacks. Some Governments keep registries on those who, voluntarily or not, come into contact with the authorities. Those registries usually are derived from one of two sources: health service figures on treatment episodes or police figures on arrests for drug-related offences.

3. Estimates of the number of annual drug abusers are based on figures for persons who have sought treatment for their drug dependence in facilities ranging from government-run clinics to private hospitals and centres run by non-governmental organizations. Some Governments only include in their estimates patients who have turned to State-run treatment centres; other Governments' estimates are based on figures for persons

attending a sample of State-run hospitals. There is also considerable variation as to which drugs of abuse are included in the returns. Some countries exclude figures for cannabis abuse, others only give estimates of the abuse of opiates and cocaine and still others send figures for a whole range of controlled substances, as well as for many that are not under international control, such as khat (*Catha edulis*) and alcohol.

4. Alternatively, many Governments estimate the number of drug abusers based upon the number arrested during the course of a year. Sometimes only the number arrested for possession of illicit drugs are used; sometimes that number is added to the number convicted for drug trafficking. There is also variation among countries that base their estimations on such methods, because some give figures for drugs under international control while others exclude cannabis. With either method of estimation, if the absolute figures are given as the number of abusers during the year with no extrapolation, then there will be a gross underrepresentation of the number who actually abuse drugs in one year. There is a clear tendency for many countries to put absolute treatment or arrest figures and not to extrapolate those figures to estimate the number of drug abusers in the population. As can be seen from the table, only a few countries estimate the actual number of abusers of different drugs in a given year. This has the effect of making the drug abuse problem appear to be less of a problem than it really is. Only one half of those Governments replying to the annual reports questionnaire, however, have a registry of drug abusers. Apart from the varied bases for those registries, the length of time that a drug abuser remains in them varies from six weeks to indefinitely. Of the 40 countries that have a registry, 9 retain the names forever, 5 retain them for five years and the remaining 26 retain them for less than five years.

5. Another method of assessment is to carry out some form of survey and then to extrapolate the results to the rest of the population. This is the most costly and time-consuming method. It is also the most inefficient if the data are not combined with some other data collected from the same population. Problems arise in attempting to assess any behaviour that is not frequent in a population; for example, 999 people may have to be interviewed to find a single drug abuser. All national surveys tend to severely underestimate the number of drug abusers because of the circumstances in which the interviews take place and because many drug abusers do not live in a place where they are recorded in some national register, such as an electoral register. Few Governments are able to undertake such surveys on a regular basis because they are so costly and would be neither possible nor appropriate in many countries.

6. One alternative is to take smaller, more closely targeted samples, which may be restricted to one locality or one class of people, such as schoolchildren. The advantage of the small area study is that it can give a good idea of what is happening locally, but usually there is no basis for assuming that those patterns are followed on a national basis. Moreover, such studies may be impossible to conduct because of endemic violence in the area, such as that often associated with slums and shanty towns. Similarly, studies of schoolchildren might give an idea of the extent of drug abuse among, say, persons 14-16 years old, but cannot tell what is happening in the rest of the population. In countries where persons who finish their schooling are considerably younger than 16, however, the youth population is often difficult to reach.

7. A third method is to use what in social science is called the triangulation of data, combined with several small studies. Data from as many sources already existing is collected and compared, such as treatment data, arrest data and seizure data. The opinions of those who might be directly in touch with drug takers, such as schoolteachers, social workers, the police or clergy, are sought. Small-scale studies can then be undertaken in specific areas and all the data from the various sources can be compared to see if a coherent pattern emerges. This is the methodology of rapid assessment that the United Nations International Drug Control Programme (UNDCP) is promoting, particularly in developing countries where it is believed that there is a drug abuse problem. It is often possible to assess the approximate scale of a problem but virtually impossible to know its exact extent. The most important information relates to "who", "what", "how" and "where". Information relating to "why" should be sought, but successful interventions often depend on speed of response and do not always rely on a detailed answer to that question. It is important to know who is abusing drugs, that is, which section of the community (e.g. schoolchildren, out-of-school youth, truck

Extrapolated national estimates of the number of abusers of selected drugs per 100,000 inhabitants, selected countries, 1994

Country	*Opiate-type drugs*	*Cocaine-type drugs*	*Cannabis-type drugs*	*Hallucinogens*	*Amphetamine-type drugs*	*Sedative-type drugs*	*Volatile solvents*
Africa							
Mauritius	296	..	341	..	..	..	..
Namibia	..	..	1 369	..	..	1 095	102
South Africa	..	..	131	<1	..	2	3
Americas							
Bolivia	30	197	..	75	..	1 796	2 694
Mexico	14	63	270	16	13	70	9
United States of America	1 866	2 141	7 195	926	920	613	810
Asia and the Pacific							
Australia	..	100	1 300	100	200	1 100	100
Papua New Guinea	..	8	24 222	..	..	24 222	9
Europe							
Czech Republic	29	38	1 491	232	106	..	135
Germany	56	111	1 231	32	123	..	..
Italy	325	6	..	13	..	2	..
Netherlands	150	..	3 761	..	..	1 962	..
Portugal	608	50	1 014	..	..	152	..
Sweden	86	9	128	4	158	86	2
Switzerland	..	..	2 450	..	..	..	..

Source: United Nations International Drug Control Programme.

drivers); which drugs are being abused (e.g. "ecstasy", heroin, cannabis, cocaine); how they are being abused (e.g. by smoking or injecting); and where (e.g. in school, out of school, in clubs, at work).

8. An important indicator of trends in serious drug abuse is the number of persons treated for drug abuse, particularly the number being treated for the first time. If the number coming forward for treatment for the first time is a small proportion of the total number being treated, then this would indicate that the situation, particularly regarding opiates, is stable or decreasing. If, however, the number is in excess or a large proportion of the total number, then the situation is worsening. Unfortunately few countries reported such information.

9. The present report can only indicate broad trends in the drug abuse situation. Because of the increasing role played by intravenous drug abuse as a vector for the spread of human immunodeficiency virus (HIV) infection in many countries, some Governments report on such abuse. The number of drug-related deaths, the proportion of people in prison for drug-related offences, and the extent of drug abuse in prison are also given as indicators of some of the costs and consequences of drug abuse.

II. DRUG ABUSE IN THE WORLD

10. While the pattern of drug abuse is changing in different parts of the world, there seems to be no evidence of any overall decrease. In fact there appears to be a net increase. This is not always reflected in the statistics provided by Governments but is seen in the qualitative assessment of the situation in the reports of trends in drug abuse.

11. The apparent discrepancy between the government reports of an increase in the abuse of a particular drug and the figures provided by them can be accounted for by the tendency, described in paragraph 3 above, for some Governments to provide treatment figures or even partial treatment figures for the estimated number of annual abusers. There may be a significant increase in the abuse of a drug without that being immediately reflected in the treatment figures. Certainly regarding cannabis, as well as many of the amphetamine-type drugs such as methylenedioxymethamphetamine (MDMA), there may be an increase in abuse without it ever being reflected in the treatment statistics. In the case of both these drugs, even if the drug is known to be widely abused (through research findings, press reports and political statements), its abuse may not be reported in the annual reports questionnaire. This therefore raises the question of the measurement of the seriousness of a drug problem, whether it is measured by the absolute number of people abusing the drug or the potency and danger of the drug. In the present report the patterns and trends relating to drugs with a dependency potential have been given emphasis.

12. Apart from the increasing amount of drug abuse, another generalization that can be made is of the near universality of cannabis abuse. In different parts of the world various other drugs tend to be abused, but the abuse of cannabis is almost universal. In North America the other main drugs of abuse are cocaine and heroin and perhaps amphetamines and hallucinogens; in Latin America the other main drugs of abuse are cocaine, tranquillizers and now heroin. Northern Africa does not appear to have other significant drug problems, but tranquillizer abuse is reported in western Africa, methaqualone abuse in eastern Africa and heroin, methaqualone and dipipanone abuse in southern Africa. In Asia the pattern of abuse is diverse, but opiate and sedative abuse appears to be spreading, except in Japan, Micronesia (Federated States of) and the Philippines, where amphetamines are abused. In Australia both amphetamines and heroin are abused. Tranquillizer abuse has increased in certain countries and buprenorphine abuse has become a problem in India. In Europe, the patterns are again diverse: in northern Europe the abuse problem predominantly involves amphetamine; in central Europe, locally made poppy concoctions and heroin are widely abused, as well as methcathinone (ephedrone) made from locally grown ephedra plants. Elsewhere the patterns vary but many drugs are abused and there is a greater tendency towards polydrug abuse. Heroin, tranquillizers,

cocaine, amphetamine, MDMA ("ecstasy") and hallucinogens are all reported to be abused but in varying degrees in different countries.

13. Many countries in various parts of the world have reported a strong trend towards polydrug abuse, so that either "cocktails" of drugs are taken simultaneously to enhance the effects of each drug or the drugs are taken sequentially to reduce to a minimum the adverse effects of the first drug taken.

14. The re-emergence of "designer drugs", powerful stimulants and hallucinogenics is evident in countries in North America, some countries in Europe and Australia.

15. The relentless spread of intravenous drug abuse is illustrated in the map. In some countries such abuse constitutes a serious problem and is becoming a major vector for the spread of HIV. Other countries have reported that while there is intravenous drug abuse it occurs only among a few people and does not yet pose a serious health problem. Two countries have reported that, because the purity of heroin has increased, many new heroin abusers smoke rather than inject the drug.

III. REVIEW OF DRUG ABUSE: EXTENT, PATTERNS AND TRENDS, BY REGION

A. Africa

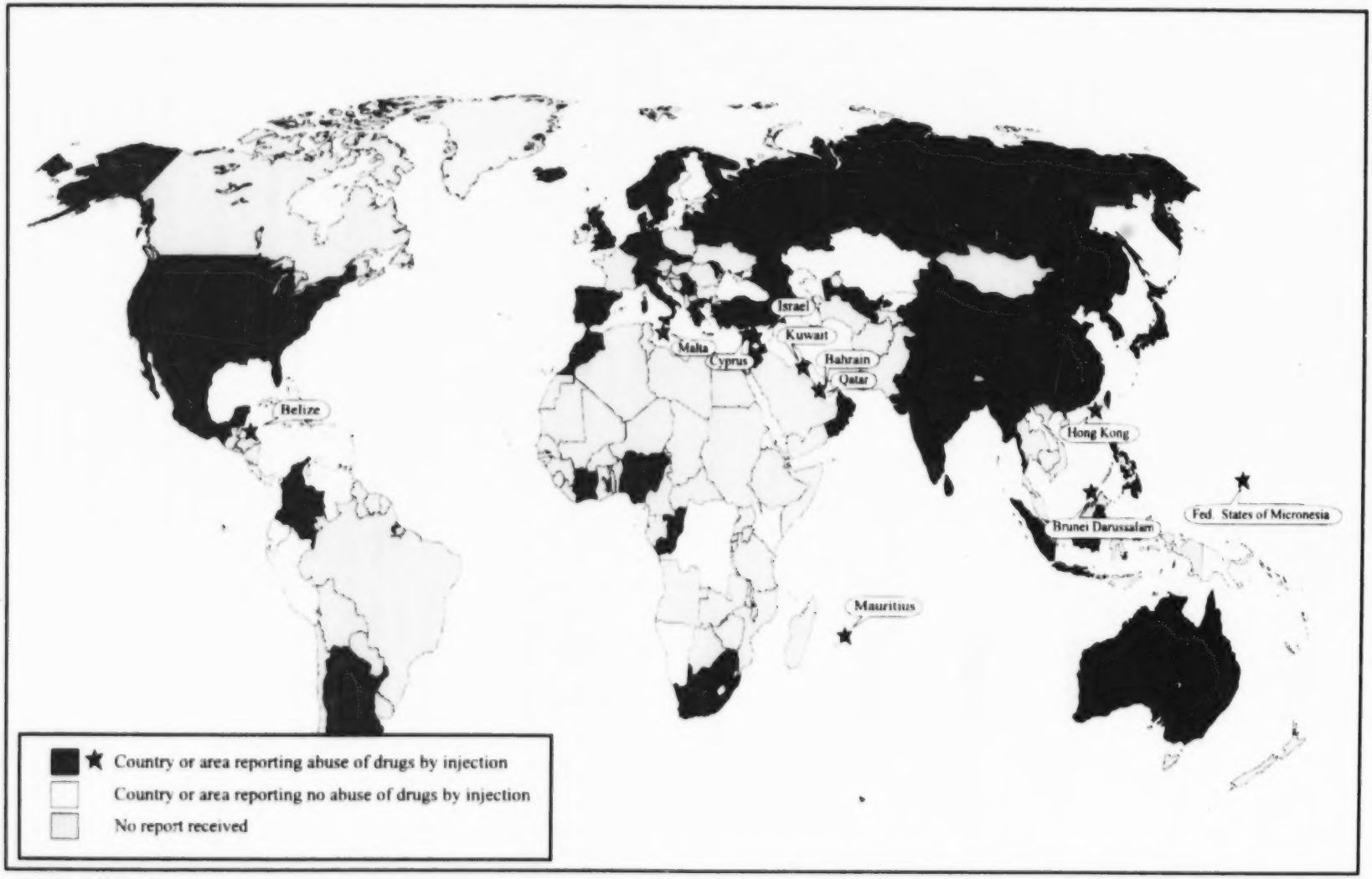
16. The most frequently abused drug in Africa is cannabis. Seven of the 12 reporting countries in that region (see figure I) have indicated that cannabis abuse is increasing; sometimes, as in the Congo, it has been attributed to a sharp rise in cannabis cultivation. In many countries, such as Namibia and South Africa, cannabis abuse is spreading to rural areas. Other countries have reported that the level of cannabis abuse is stable. Benzodiazepine abuse is also increasing in Côte d'Ivoire, Kenya and Nigeria. In most African countries there have been so far only sporadic reports on the abuse of heroin; the exceptions are Mauritius, Namibia and South Africa, where such abuse constitutes a serious problem. A large increase in the abuse of both heroin and cocaine has been reported in South Africa. Methaqualone abuse is a growing problem in Namibia and South Africa and is on the decline in Kenya. In some parts of South Africa cannabis is smoked with methaqualone, locally known as a "white pipe". Dipipanone is also widely abused in South Africa. Nigeria is the only other African country to report an increase in cocaine abuse. In Kenya there is growing misuse of khat (not a controlled drug), often in combination with diazepam, particularly among young drop-outs. The abuse of volatile solvents is a rising problem in Kenya, Lesotho and Namibia. Lesotho has reported that the number of abusers of volatile solvents and cannabis is escalating at the same time that, according to figures from community treatment clinics, the age of abuse is dramatically falling. An increase in multiple drug abuse has been noted by Morocco and South Africa.

17. In eight African countries there have been reports that drugs are being abused by injection but, with the exception of the countries in southern Africa, this is not an extensive practice. There is a high prevalence of HIV in Africa; any spread of the practice of abusing drugs by injection will exacerbate the situation.

18. Equatorial Guinea and Eritrea have reported no significant drug abuse problem.

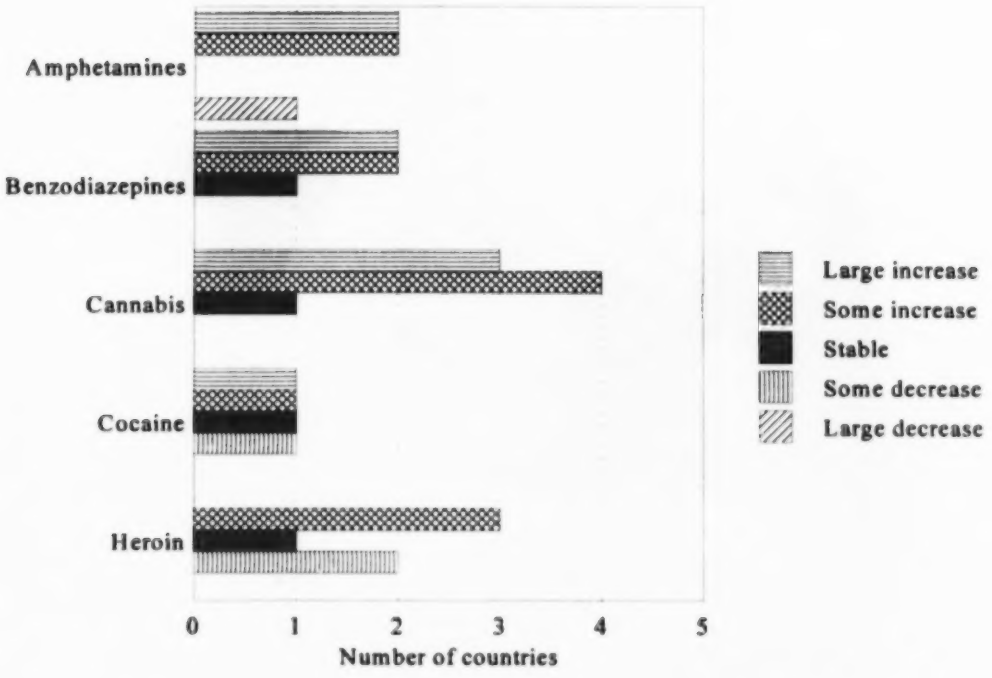
19. The main reasons put forward for drug abuse, particularly for an increase in such abuse, relate mainly to poverty, poor economic conditions, an increase in migration from rural to urban areas, with its attendant social changes, and other social factors such as unemployment and a decline in the role of the family. Increased availability of drugs has been cited by many countries as a factor contributing to increased drug abuse. Increased availability of cannabis usually occurs because of an increase in local cannabis cultivation, but for all other drugs increased availability is the result of an increase in trafficking. Several countries have reported that trading in illicit drugs is seen as a way of making easy money, regardless of whether the drugs are obtained from traffickers or directly from illicit cultivation.

Prevalence of intravenous drug abuse, 1994



Source: UNDCP
Note: The boundaries shown on this map do not imply official endorsement or acceptance by the UN

Figure I. Africa: drug abuse trends, 1994



Note: Based on reports submitted by 12 countries in Africa.

20. In Kenya and Nigeria there has been an increase in violence among young people who abuse drugs. In Nigeria there has been an increase in the number of groups of delinquent youths who habitually abuse drugs such as heroin, cocaine and cannabis and who threaten people with violence in order to extort money from them. In Kenya there has been an increase in the number of street children and school drop-outs, which has also led to an increase in the abuse of volatile solvents, cannabis and benzodiazepines.

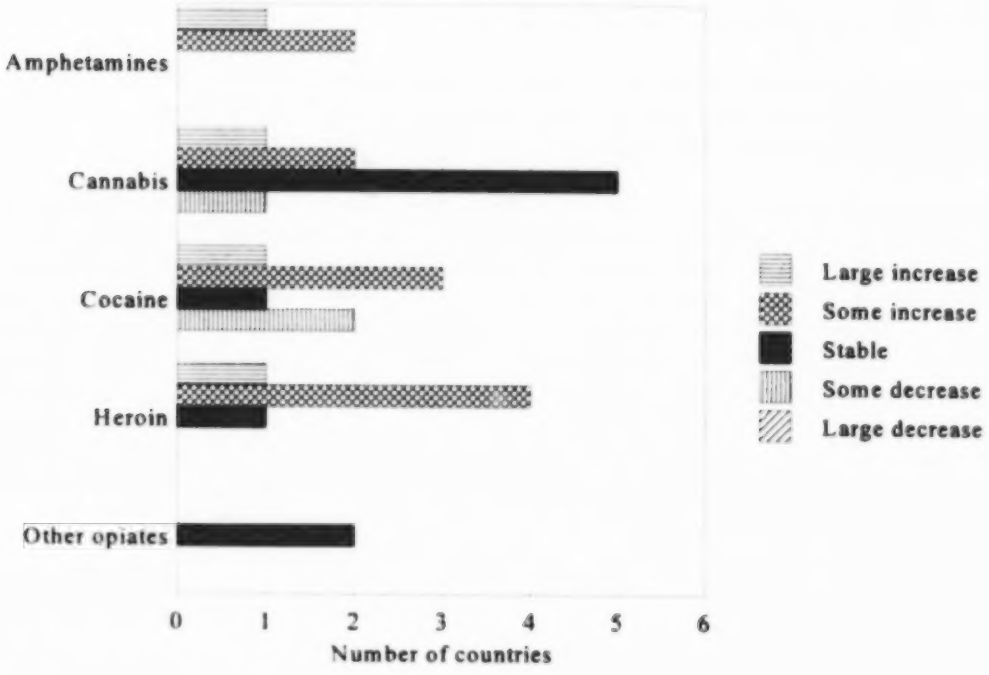
B. Americas

21. Although cannabis remains the most widely abused drug in the Americas, cocaine and crack are both still widely abused, as are volatile solvents. The abuse of heroin, cocaine and cannabis is either stable or increasing, in some countries rather rapidly. Only Grenada has reported a decrease in the abuse of both cocaine and cannabis; in Belize there has also been a decrease in cocaine abuse (see figure II).

22. In the United States of America, although drug abuse appears to be stable among adults, school surveys reveal that there has been a large increase in the abuse of cannabis, with increases also in the abuse of heroin, amphetamines, hallucinogens, sedative-type drugs, cocaine, barbiturates and volatile solvents. Overall abuse of cocaine in the form of crack seems to be declining. Heroin abuse seems to be re-emerging but, because of its high purity, is often smoked rather than injected. Methamphetamine abuse seems to be spreading on the west coast of the country. While flunitrazepam is not yet a major problem, it appears that, along the border between Mexico and the United States (more specifically, the State of Texas), it is being increasingly abused, sometimes to counteract the after-effects of crack abuse, at other times to enhance the effect of heroin and at still other times on its own or with alcohol at dance clubs. There is a growing abuse of drugs such as ketamine, phencyclidine (PCP), MDMA and sodium oxybate (*gamma*-hydroxybutyrate (GHB)). In terms of absolute figures and in terms of the number of drug abusers per 100,000 inhabitants the United States has

the largest number of drug abusers (see the table). It is also one of the few countries that tries to give an annual estimate of the number of abusers of a wide range of drugs.

Figure II. Americas: drug abuse trends, 1994



Note: Based on reports submitted by 14 countries in the Americas.

23. In Mexico volatile solvents are the most frequently abused drugs, but heroin and cocaine abuse has also increased. This is partly because of greater availability of these drugs and, particularly in the case of cocaine, because the cost of the drug has considerably decreased. In Costa Rica, there has been a large increase in the abuse of heroin and crack; cocaine and cannabis abuse has also been increasing.

24. A large increase in the abuse of amphetamine-type drugs and cocaine has been reported in Panama. The Dominican Republic is also experiencing a rise in amphetamine abuse. In Belize the abuse of benzodiazepines, particularly diazepam, is increasing. In Belize and Venezuela, cannabis is the most abused drug, followed by cocaine. In Venezuela there is also a drug problem associated with the abuse of coca paste and, as in Belize, tranquillizers. A similar pattern of cannabis and cocaine abuse is evident in Grenada. In Saint Lucia, cocaine and sedatives, followed by hallucinogens, are the most abused drugs.

25. In Argentina, Bolivia, Colombia and Ecuador, there has been a rise in heroin abuse, but the main drugs of abuse are still cannabis and cocaine. In both Argentina and Colombia there has also been a rise in the abuse of tranquillizers; in Colombia the rise in such abuse is particularly evident among women over 25 years of age. Argentina has reported that the age of first abuse is falling and that there has been an increase in polydrug addiction.

C. Asia and the Pacific

26. Drug abuse extent, patterns and trends in Asia and the Pacific vary enormously not only from one subregion to another, but also sometimes from one country to another within the same subregion, in terms of the drugs abused and the extent of abuse. The exception is the abuse of cannabis, which has been reported by almost every country to be the main drug abused. If there has been a decrease in the abuse of one drug, it has been more than compensated for by the abuse of other drugs.

27. In Kazakstan and Kyrgyzstan the patterns of abuse resemble those in countries in central and eastern Europe in that cannabis is the main drug of abuse, followed by poppy preparations. The abuse of methcathinone (ephedrone) has also been reported.

28. Bangladesh, India and Nepal have converging patterns of abuse. In all three countries cannabis is extensively abused, followed by heroin in Nepal and India, and opiates in Bangladesh, where there has been a large increase in abuse. This has been attributed to greater availability due to increased trafficking and spillage. India has reported a large increase in the abuse of buprenorphine, which is easily obtainable over the counter in pharmacies and is cheaper than heroin. A similar but less pronounced pattern has been seen in Nepal, where, as in Bangladesh, the abuse of cough medicines is a significant and growing problem. Bangladesh and Nepal have also reported a growing problem associated with the abuse of benzodiazepines. In Bangladesh there is also a problem with synthetic narcotics. In Bangladesh and India the age of the abuser is falling and Bangladesh has reported that there is now drug abuse in schools. Although the level of drug abuse is low in Brunei Darussalam there has been an increase in the abuse of cough medicines containing codeine and in the abuse of benzodiazepines.

29. In India drug abusers are predominantly male (97 per cent) and drug abuse is especially frequent among those who are illiterate or who have a low level of education, for example, among labourers, transport workers, agricultural workers, ragpickers and the unemployed.

30. Figure III shows drug abuse trends in Asia and the Pacific in 1994. The abuse of cannabis and heroin is stable in Singapore but increasing in Sri Lanka. Indonesia has reported a large increase in heroin abuse but a large decrease in the abuse of synthetic narcotic analgesics. In Indonesia, there appears to be much diversion of nitrazepam, flunitrazepam and diazepam from the licit market. Amphetamines are also abused in that country, particularly by females, who account for 60 per cent of such abusers.

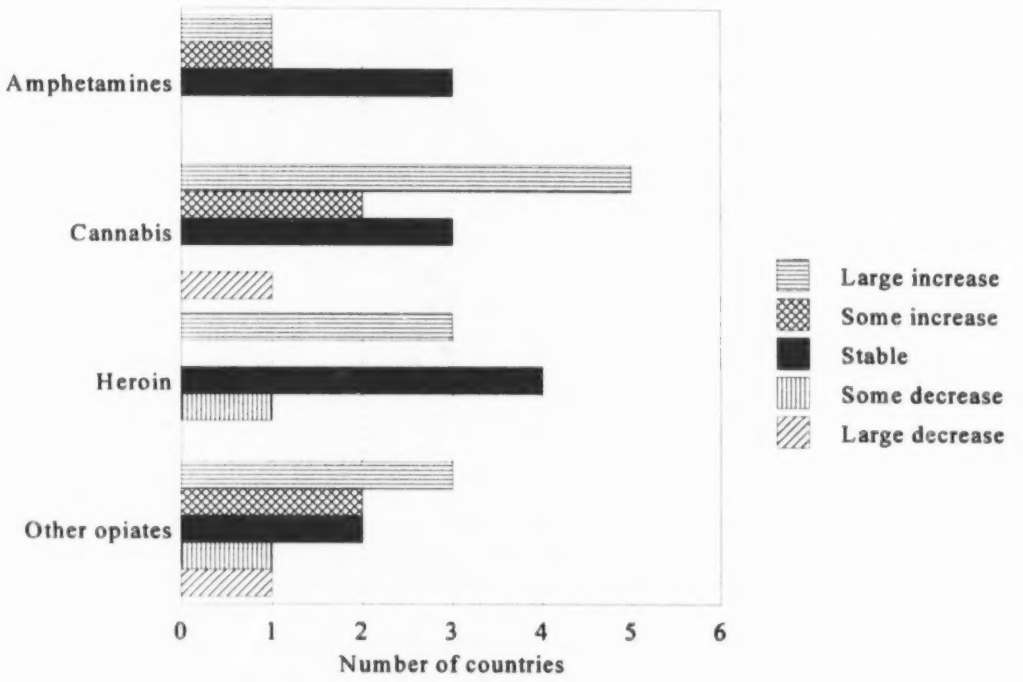
31. Because of its location on a new trafficking route, Maldives has experienced a large increase in the abuse of heroin, cannabis and sedatives. The demand for drugs in that country has increased rapidly in the past five years, especially in the past year. The increased demand is mainly the result of an increase in the number of drug abusers and in the amount that they abuse. The reason given for the increase in drug abuse is that there have been changes in attitudes among teenagers (such abuse typically occurs among persons aged 15-25), their lifestyle rapidly shifting towards a more western style under the influence of satellite television.

32. In Hong Kong, the Lao People's Democratic Republic and Myanmar, the main drug of abuse is opium or heroin or both. There has been a distinct shift in the pattern of abuse, from smoking opium to injecting heroin; that shift has been particularly noticeable in Myanmar. Hong Kong has experienced a large increase in the abuse of heroin, morphine and methadone, but a decrease in the abuse of opium. The abuse of cannabis has increased by 50 per cent, amphetamine abuse has increased by 75 per cent and the abuse of benzodiazepines has increased dramatically, by some 86 per cent.

33. Amphetamines and cannabis are the main drugs of abuse in Japan, Micronesia (Federated States of) and the Philippines; in the Philippines, methamphetamine is the main amphetamine abused. All of those countries have reported an increase in amphetamine abuse. The Federated States of Micronesia is the only one of those

countries that has reported a decrease in cannabis abuse; the other countries have reported an increase in such abuse.

Figure III. Asia and the Pacific: drug abuse trends, 1994



Note: Based on reports submitted by 20 countries in Asia and the Pacific.

34. Fiji, Papua New Guinea and Vanuatu have reported that cannabis is the main drug of abuse. Papua New Guinea has a particularly extensive problem with the abuse of both cannabis (over 1 million abusers) and diazepam (almost 1 million abusers), although the abuse of volatile solvents is also a problem that is increasing at an alarming rate.

35. The patterns of abuse in Australia do not follow those in other parts of Asia and the Pacific. Patterns in the abuse of "designer drugs" in that country are similar to those emerging in western Europe. Cannabis remains the most widely abused illicit drug in Australia. Surveys have shown that about one third of the population have abused it, and approximately 7 per cent of women and 15 per cent of men abuse it on a weekly basis. Cocaine abuse is low. The ready availability of amphetamine and its lower price has made it the drug of choice among abusers of stimulants and it remains the second most popular drug of abuse. The abuse of lysergic acid diethylamide (LSD) occurs in a relatively small and stable abuser group of young adults who frequent "rave" parties. There were a number of new developments in 1994, mainly associated with the introduction of drugs such as the hallucinogen brolamphetamine (DOB, also called Nexus), a hallucinogen. PMA, another newly introduced drug, was responsible for two deaths. Another drug is similar in its effects to MDMA and derived from the Chinese ephedra plant Ma Huang; the tablets contain ephedrine (6 per cent) and pseudoephedrine (1 per cent). Ketamine has also made an appearance, mainly as a cutting agent; the abuse of this drug had previously been reported only in Latin America. The manufacture of GHB has recently been discovered; its manufacturers have targeted the body-building market, although it is also added to other drugs, particularly amphetamine.

D. Europe

36. In Finland, Iceland, Norway and Sweden the abuse of amphetamines constituted for many years the main drug problem, followed by the abuse of cannabis. An increase, however, in the abuse of both heroin and amphetamines has been reported, together with a rise in the total number and proportion of persons who abuse drugs intravenously. For example, Iceland has reported that all types of drug are available at Reykjavik; however, in the rural areas only cannabis and amphetamine are available. The Government is alarmed by the fact that heroin and amphetamine are being injected and that MDMA has gained in popularity among young people. Norway has experienced an increase in heroin and amphetamine seizures, which supports reports that, because of the low price of heroin, persons who have previously abused other substances are abusing heroin. An increase in the abuse of LSD and "ecstasy" has also been noted in that country. Amphetamine seizures surpassed cannabis seizures in Norway in 1994. Finland has reported a small drug problem, amphetamine abuse again being the cause for most concern. Sweden has reported that the drug abuse situation in that country has not changed since 1992.

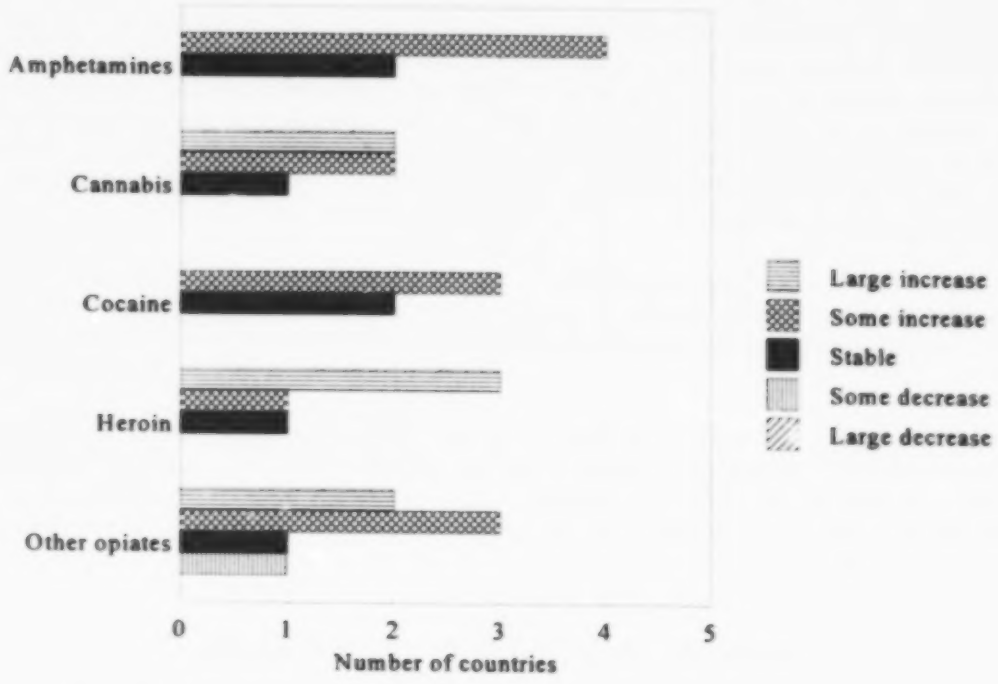
37. The patterns of drug abuse in Belarus, Latvia, Lithuania, Republic of Moldova and Russian Federation are all similar. The abuse of opium, heroin, cannabis and methcathinone is increasing. All those countries have reported that heroin, opium, ephedrine and methcathinone are being derived from locally grown plants and that heroin and opium are being abused intravenously. In many countries, cannabis also grows wild. The difficult socio-economic situation and the rise in unemployment have been cited by several countries as reasons for the increase. An increase in drug trafficking has also contributed to the problem.

38. The Czech Republic has reported that the most abused drugs in that country are cannabis, hallucinogens and methamphetamine, followed by heroin. There has been a large increase in the abuse of all those drugs, as well as in the abuse of volatile solvents. Flunitrazipam is abused in combination with other drugs. The increase in heroin abuse is attributed to a decrease in the street price and an increase in the activities of drug traffickers, resulting in domestically manufactured heroin being in competition with heroin imported by the traffickers. The increase in methamphetamine abuse is the result of an increase in illicit domestic manufacture and the availability of ephedrine from licit manufacture (see figure IV).

39. A somewhat different pattern of drug abuse can be seen in Austria, Slovakia and Switzerland. Austria and Slovakia are experiencing a large increase in the abuse of heroin. The abuse of morphine, methamphetamine and amphetamine has also been reported by Slovakia. The increase in heroin abuse in Slovakia began after 1990. While it had previously been confined to Bratislava, such abuse now takes place in rural areas of Slovakia as well. Switzerland has seen an increase in cocaine abuse and multiple drug abuse.

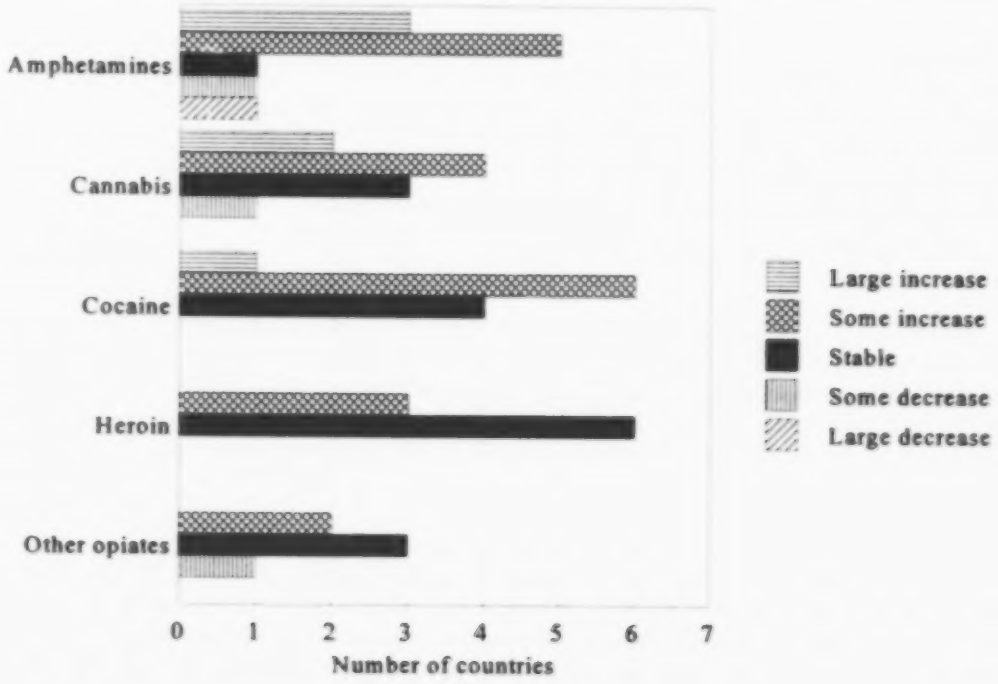
40. Several countries in western Europe have reported that they are experiencing an increase in cocaine, amphetamine and MDMA ("ecstasy") abuse but that opiate abuse is stable (see figure V). One half of the remaining reporting countries in western Europe have reported an increase in the abuse of cocaine only. Germany, Italy, Liechtenstein, Luxembourg, San Marino and United Kingdom of Great Britain and Northern Ireland have reported that crack abuse has spread to parts of those countries where such abuse had not occurred previously. Germany, Greece and the Netherlands have reported increases in the abuse of amphetamines. A sharp rise in the abuse of "ecstasy" has been reported by Luxembourg, Monaco, San Marino and Spain. The United Kingdom has reported the appearance of GHB and other drugs such as phenylamines. Several powerful hallucinogenics such as DOB (also called Nexus) have recently made an appearance in the United Kingdom but are not yet widely abused. A rise in the abuse of hallucinogens has been reported by Germany and Spain. Cannabis abuse is increasing in Germany, Greece, the Netherlands and the United Kingdom. One significant trend reported by Yugoslavia is polydrug abuse. There has been an increase in the abuse of virtually all the drugs that are abused in that country. The only large decrease in abuse was with respect to sedatives, as reported by Germany and Portugal.

Figure IV. Eastern Europe: drug abuse trends, 1994



Note: Based on reports submitted by eight countries in eastern Europe.

Figure V. Western Europe: drug abuse trends, 1994



Note: Based on reports submitted by 20 countries in western Europe.

E. Near and Middle East

41. Only Jordan and Turkey have reported any increase in drug abuse; all the other reporting countries in the Near and Middle East have stated that the drug abuse problem is stable or declining. Turkey has reported a large increase in cannabis abuse and some increase in the abuse of heroin, morphine, sedatives and cocaine, as well as in multiple drug abuse. Jordan has seen a large increase in the abuse of heroin, benzodiazepines and other sedatives. Jordan, Qatar and Turkey have reported the abuse of two drugs that are not under international control but are used for the treatment of Parkinson's disease. Such abuse had previously been encountered only in Latin America.

42. The Islamic Republic of Iran has reported a stable but still sizeable drug problem. Iraq has stated that it has no record of people who abuse narcotics or psychotropic substances. In Israel, the drug abuse problem is stable or declining. There has been no word by the Syrian Arab Republic on the extent of drug abuse in that country.

43. The States in the area of the Persian Gulf, such as Kuwait, Oman, Qatar and the United Arab Emirates, have not reported significant drug abuse problems. Qatar has expressed its concern that illicit drug demand and drug trafficking will rise because of a considerable influx of workers from countries where drugs are produced and abused. Many countries throughout the subregion have mentioned the growing problem of the abuse of volatile solvents.

IV. EMERGING ISSUES RELATED TO DRUG ABUSE

44. Most of the drug-related issues and concerns emerging from the reports involve the almost continuous rise in drug abuse, its effect on prison and criminal justice systems, the spread of HIV and acquired immunodeficiency syndrome (AIDS) as a result of the practice of abusing drugs by injection and the enormous human and financial costs entailed in trying to stop drug abuse and to treat drug abusers.

45. One growing problem in a number of countries is the impact on criminal justice systems of the volume of people arrested for drug-related criminal offences. In some cases, the numbers involved have led to an overloading of criminal justice systems, resulting in serious delays in the processing of all types of cases. The problem is even more serious in countries where the practice is to remand those charged with such offences in custody before trial. The increase in the number of drug abusers and traffickers sentenced to imprisonment is leading to overcrowding of prisons in some countries.

46. Another growing issue is the extent to which drugs are being abused inside prisons. In Africa, for example, there is wide variation: in Nigeria, it is estimated that 5 per cent of prisoners are serving sentences for drug-related offences; in Mauritius, the figure ranges from 25 to 40 per cent. In Asia and the Pacific, the figure ranges from 15 per cent in Myanmar to 45 per cent in Sri Lanka. In Europe, the figure also varies greatly: for example, in Belgium and Spain, about 30 per cent of the prison population is accounted for by drug traffickers or abusers, compared with 60 per cent in Portugal and 90 per cent in Liechtenstein. In the Near and Middle East, the figure is comparatively low: 10 per cent in Oman and 7 per cent in the Syrian Arab Republic.

47. The abuse of drugs in prisons is particularly high in Latin America and the Caribbean, where between 30 and 50 per cent of inmates abuse drugs; one exception is Panama, where the figure is 80 per cent. In Asia and the Pacific, cannabis is the most widely abused drug in prisons in many countries; however, in countries where intravenous drug abuse is widespread, such abuse is also considerable in prisons. That is a particularly alarming situation considering the fact that intravenous drug abusers constitute a high-risk group for HIV infection.

48. The spread of HIV through the sharing of injecting equipment by drug abusers is increasing. In some countries drug injecting has become the main vector for the spread of HIV. Morocco was the only country in Africa reporting the spread of HIV resulting from the abuse of drugs by injection. While the number of cases involved was relatively small (36), the fact that there is a small pool of drug injectors infected with HIV is significant.

49. In the United States there were 85,260 new AIDS cases from July 1993 to June 1994, of which 33 were directly related to heroin injecting. In Mexico only about 2 per cent of the 630 new cases of HIV reported in 1994 were due to drug abuse; in Bolivia the figure was 15 per cent. Belize has reported the abuse of benzodiazepines by injection.

50. In Asia, HIV is continuing to spread at a fast pace. The proportion of the 235 cases of HIV in Nepal that resulted from intravenous drug abuse is not known but there are between 700 and 800 clients enrolled in a needle exchange scheme at Kathmandu, so it is believed that there is little sharing of injecting equipment. In India, however, the spread of HIV has tripled since 1992; intravenous drug users account for 6.5 per cent of the total number of HIV cases and 38.4 per cent of intravenous drug abusers are HIV-positive. In the Indian states of Manipur, Mizoram and Nagaland the prevalence rate for intravenous drug abusers is estimated to be between 1 per cent and 2 per cent of the general population. Intravenous drug abuse is the primary reason for the spread of HIV in the north-eastern states of India. In Manipur, for example, the prevalence rate for HIV infection among intravenous drug abusers is over 55 per cent. Bangladesh has reported that intravenous drug abuse has increased in urban areas, so it is likely that the number of HIV cases will also increase.

51. Indonesia, Singapore and Sri Lanka have reported that intravenous drug abuse is not common and that the spread of HIV through that vector is therefore not an issue.

52. In the first six months of 1994 there were 1,039 notifications of HIV cases and 145 notifications of AIDS cases in Myanmar. No information has been given about the source of infection but needle-sharing among intravenous drug abusers is common, especially in the initial phase of drug abuse. Eighty-six per cent of HIV cases are male.

53. Hong Kong has a large heroin abuse problem. Approximately one half of the heroin abusers inject the drug. By the end of 1994, there were 60 cases of HIV and 19 of AIDS among intravenous drug abusers.

54. In Singapore of a total of 222 HIV cases, 64 were notified in 1994 and only 3 per cent were the result of intravenous drug abuse. Of the 75 AIDS cases, 22 were recorded in 1994.

55. In Europe, the number of HIV cases varies considerably from country to country, as does the proportion of intravenous drug abusers who are HIV-positive. Of the 1,827 cumulative AIDS cases in Belgium, only 6.7 per cent are accounted for by intravenous drug abusers. In Denmark the figure is 7 per cent and in Norway 11 per cent of new HIV cases. In Spain 64.4 per cent of the cumulative 19,012 AIDS cases are the result of intravenous drug abuse. A median country would be Switzerland, where 30 per cent of the 1,600 new HIV cases and 44 per cent of the new AIDS cases are accounted for by intravenous drug abusers.

56. Estimates of drug-related deaths, when available, vary. In Africa, no such estimate has been reported by any country. There have been no cases of drug-related deaths reported in the Near and Middle East.

57. In the Americas, only the United States has reported the number of deaths related to drug abuse: 7,532.

58. In Asia, Myanmar and Singapore have each reported two drug-related deaths. Indonesia has reported nine such deaths. Australia has reported 2.8 drug-related deaths per 100,000 inhabitants. The Government

of Australia has noted that the rate of drug-related deaths has fluctuated from year to year mainly because the purity levels of the drugs abused are subject to considerable variation.

59. In Europe, Finland has reported 208 male and 86 female drug-related deaths. Germany has reported the highest absolute number of drug-related deaths in Europe. Other European countries have reported the following figures for drug-related deaths: Austria, 250; Belgium, 64; Latvia, 65; Netherlands, 120; Switzerland, 353; and United Kingdom, 79.